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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S56325

(1)

1. Corporation Name

BAY DRAFTS, INC.

Principal Place of Business

Mailing Address

11207 N NEBRASKA AVE
TAMPA FL 33612

11207 N NEBRASKA AVE
TAMPA FL 33612-5730



3. Date Incorporated or Qualified
05/31/1991

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 10500-UNIVERSITY CTR DR

26 10500-UNIVERSITY CTR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #170

27 #170

City & State

City & State

23 TAMPA, FL

28 TAMPA FL

Zip

Country

Zip

Country

24 33612

25 USA

29 33612

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAPLETON, MICHAEL W
11207 N NEBRASKA AVE
TAMPA FL 33612

81 Name STAPLETON, MICHAEL W.
82 Street Address (P.O. Box Number is Not Acceptable)
10500-UNIVERSITY CENTER DR.
83 SUITE #170
84 City TAMPA FL 85 Zip Code 33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

MICHAEL W. STAPLETON - PRESIDENT 2-11-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STAPLETON, MICHAEL W
STREET ADDRESS 11207 N NEBRASKA AVE
CITY-ST-ZIP TAMPA FL

TITLE D
NAME STAPLETON, RAE ANN
STREET ADDRESS 11207 N NEBRASKA AVE
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D
1.2 NAME STAPLETON, MICHAEL W
1.3 STREET ADDRESS 10500-UNIVERSITY CENTER DR. SUITE #170
1.4 CITY-ST-ZIP TAMPA, FL 33612

2.1 TITLE D
2.2 NAME STAPLETON, RAE ANN
2.3 STREET ADDRESS 10500-UNIVERSITY CENTER DR. SUITE #170
2.4 CITY-ST-ZIP TAMPA, FL 33612

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-97/813-971-3226

CR2E034 (9/96)